

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5																																					
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-03-D-0168</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0003</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2004JAN28</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>																																						
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CAC-B BARBARA ABBAS (309)782-3918 ROCK ISLAND IL 61299-7630 EMAIL: ABBASB@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA LONG ISLAND 605 STEWART AVE GARDEN CITY NY 11530-4761</div>			CODE <div style="border: 1px solid black; padding: 2px;">S3309A</div>		8. DELIVERY FOB <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)</div>																																					
9. CONTRACTOR <div style="border: 1px solid black; padding: 2px;">MOTOR MAGNETICS INC. 79 E. HOFFMAN AVE. LINDENHURST, NY. 11757</div>			CODE <div style="border: 1px solid black; padding: 2px;">54374</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMAN-OWNED</div>																																						
NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px;">TYPE BUSINESS: Other Small Business Performing in U.S.</div>			12. DISCOUNT TERMS Net 30 Days .25% 10 DAYS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>																																										
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0337</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2																																				
16. TYPE OF ORDER <div style="border: 1px solid black; padding: 2px;">DELIVERY/ CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/></div>												THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																																			
NAME OF CONTRACTOR _____												SIGNATURE _____												TYPED NAME AND TITLE _____												DATE SIGNED (YYYYMMDD) _____											
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																																															
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>																																															
18. ITEM NO.				19. SCHEDULE OF SUPPLIES/SERVICE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders</div>								20. QUANTITY ORDERED/ ACCEPTED*				21. UNIT		22. UNIT PRICE				23. AMOUNT																									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.								24. UNITED STATES OF AMERICA BRIAN W. SCHMIDT /SIGNED/ SCHMIDTB@RIA.ARMY.MIL (309)782-0988 BY: _____ CONTRACTING/ORDERING OFFICER												25. TOTAL <div style="border: 1px solid black; padding: 2px;">\$32,994.00</div>		26. DIFFERENCES <div style="border: 1px solid black; padding: 2px;"></div>																									
27a. QUANTITY IN COLUMN 20 HAS BEEN <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____</div>																																															
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE												c. DATE (YYYYMMDD)				d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																															
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE												28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>				29. D.O. VOUCHER NO.				30. INITIALS <div style="border: 1px solid black; padding: 2px;"></div>																											
f. TELEPHONE NUMBER						g. E-MAIL ADDRESS						31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>				32. PAID BY				33. AMOUNT VERIFIED CORRECT FOR																											
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.																				34. CHECK NUMBER																											
a. DATE (YYYYMMDD)						b. SIGNATURE AND TITLE OF CERTIFYING OFFICER										35. BILL OF LADING NO.																															
37. RECEIVED AT				38. RECEIVED BY (Print)				39. DATE RECEIVED (YYYYMMDD)				40. TOTAL CONTAINERS				41. S/R ACCOUNT NUMBER				42. S/R VOUCHER NO.																											

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-03-D-0168/0003 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: MOTOR MAGNETICS INC.		

SUPPLEMENTAL INFORMATION

1. THE PURPOSE OF THIS DELIVERY ORDER IS TO AWARD THE FOLLOWING:

CLIN	NOMENCLATURE	QUANTITY
0001AA	FAN VANEAXIAL	39 EACH

2. DELIVERIES ARE TO BE FOB DESTINATION. THE DELIVERY SCHEDULE IS AS SET FORTH IN SECTION B. EARLIER DELIVERY IS ACCEPTABLE AT NO ADDITIONAL COST TO THE GOVERNMENT.

3. THE TOTAL AMOUNT OF THE DELIVERY ORDER IS \$32,994.00.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: MOTOR MAGNETICS INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 4140-01-112-8519 FSCM: 19207 PART NR: 12308376 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY</u> NOUN: FAN,VANEAXIAL PRON: M142A561M1 PRON AMD: 01 ACRN: AA AMS CD: 060031 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W52H094027H954 W45G19 J 1 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001 20 30-JUL-2004 FOB POINT: Destination SHIP TO: <u>FREIGHT ADDRESS</u> (W45G19) XR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V TPF GATE 44 BLDG 184 TEXARKANA TX 75507-5000 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-D-0168/0003 DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 002 W52H094027H955 W25G1U J 1 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001 19 30-JUL-2004 FOB POINT: Destination SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 <u>CONTRACT/DELIVERY ORDER NUMBER</u>	39	EA	\$ 846.00000	\$ 32,994.00

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	DAAE20-03-D-0168/0003				

Name of Offeror or Contractor: MOTOR MAGNETICS INC.

CONTRACT ADMINISTRATION DATA

PRON/										JOB					
LINE	AMS	CD/	OBLG							ORDER	ACCOUNTING		OBLIGATED		
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>				
0001AA	M142A561M1	AA	2	97	X4930AC9G	6D	26KB	S11116		W52H09	\$	32,994.00			
	060031														
											TOTAL	\$	32,994.00		
SERVICE										ACCOUNTING		OBLIGATED			
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>				
Army		AA	97	X4930AC9G	6D	26KB	S11116			W52H09	\$	32,994.00			
											TOTAL	\$	32,994.00		